

Skilled Care Initiative: Policy Implications & Scale-Up in Burkina Faso



Authors:

Severine Origny-Fleishman

Brahima Bassane, Djeneba Diallo,
Ellen Themmen, Fatimata Zampaligre

APHA
7 November, 2007 – Washington DC

Presentation Overview

SCI results and experience results offer:

- Empirical evidence to support current policy directives and priorities of the Ministry of Health Burkina Faso
- Practical guidance and strategic focus for implementation of national policies and plans



National Plan to Accelerate the Reduction of Maternal Mortality

Based on the Regional Road Map for Maternal and Newborn Health, the Burkina Faso Plan (2006-2015) includes four specific objectives:

1. Ensuring availability of BEOC at 80% of health centers and CEOC at 100% of district and regional hospitals
2. Increasing skilled attendance during delivery from 50% to 80%
3. Increasing contraceptive prevalence from 20% to 30%
4. Increasing involvement of individuals, families, and communities in maternal health



National Plan to Accelerate the Reduction of Maternal Mortality (continued)

Priority interventions outlined in the Plan include:

1. Strengthening the provider skills in obstetric and neonatal care, as well as ANC and management
2. Providing equipment and drugs for quality services
3. Upgrading infrastructure of health facilities
4. Strengthening referral systems
5. Improving health financing through mechanisms such as cost-sharing
6. Heightening community awareness of obstetric risks and danger signs



Supporting the National Plan: Empirical Evidence from SCI

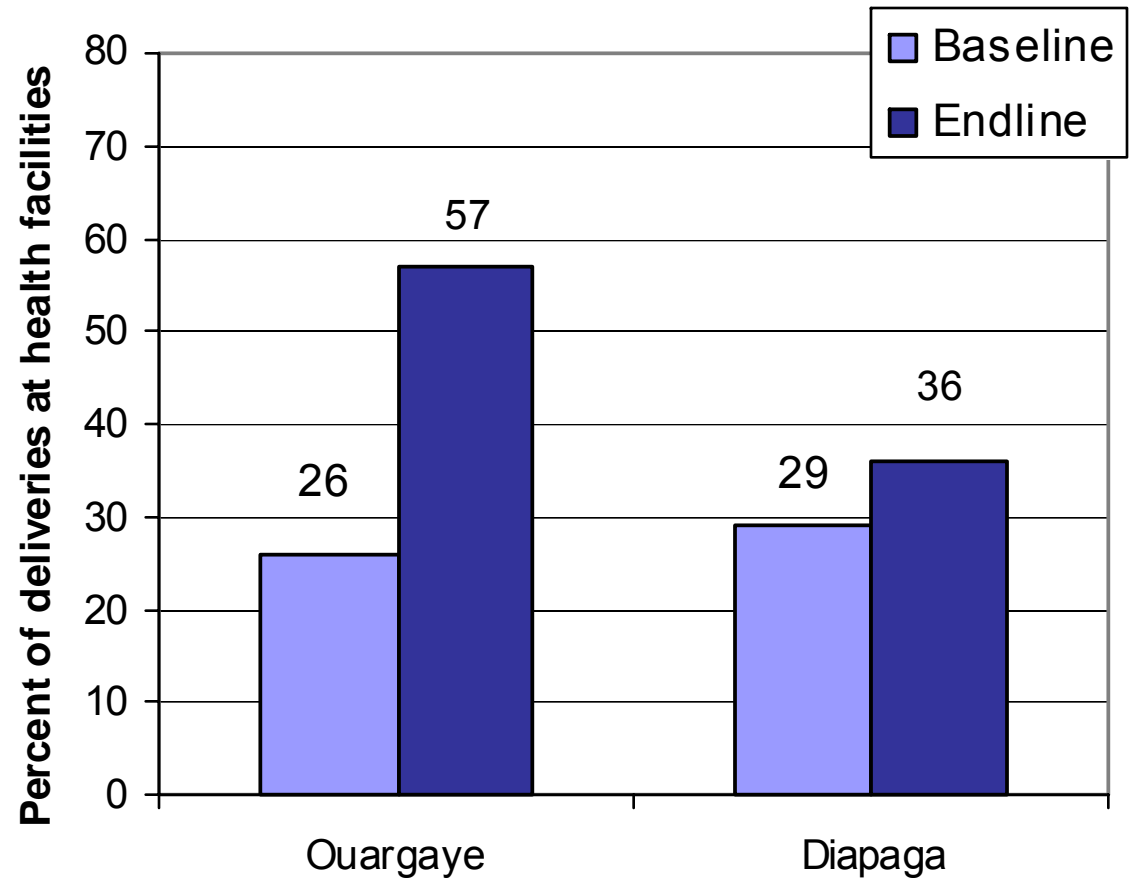
Investment in provider training, equipment and infrastructure upgrades can lead to large improvements in the availability of the continuum of maternal health services:

- ANC
- Normal delivery care
- Emergency obstetric care
- Postpartum care



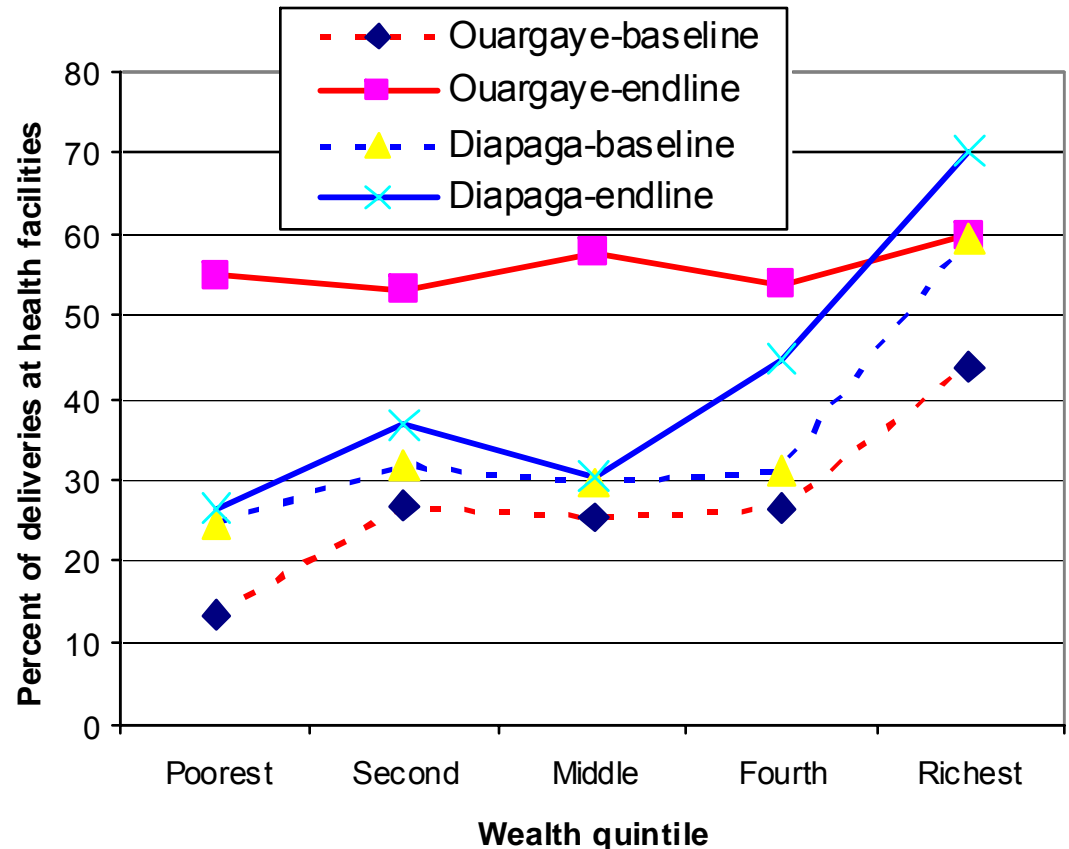
Supporting the National Plan: Empirical Evidence from SCI

Package of interventions to increase quality and availability of skilled maternity care and promote their use can lead to dramatic changes in use during delivery



Supporting the National Plan: Empirical Evidence from SCI

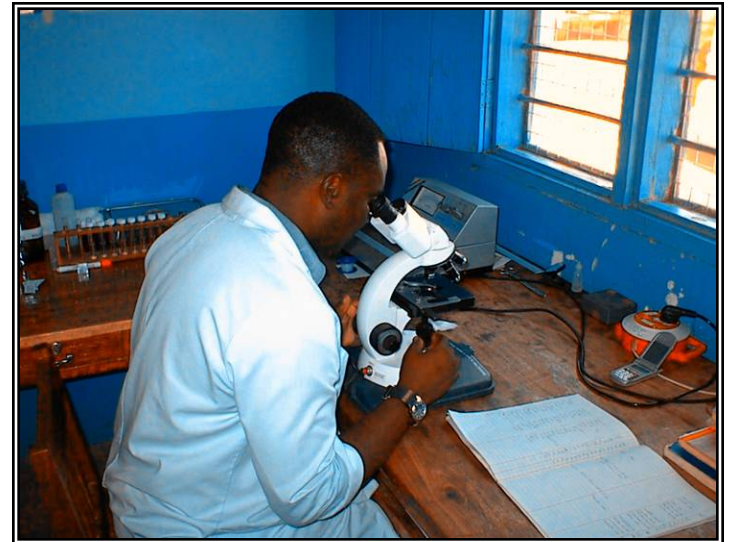
Improving quality and availability of maternity care at lower-level facilities can significantly reduce wealth inequities in use of skilled care during childbirth



Guiding National Scale-Up Strategies: SCI Experience

Priority health systems strategies include:

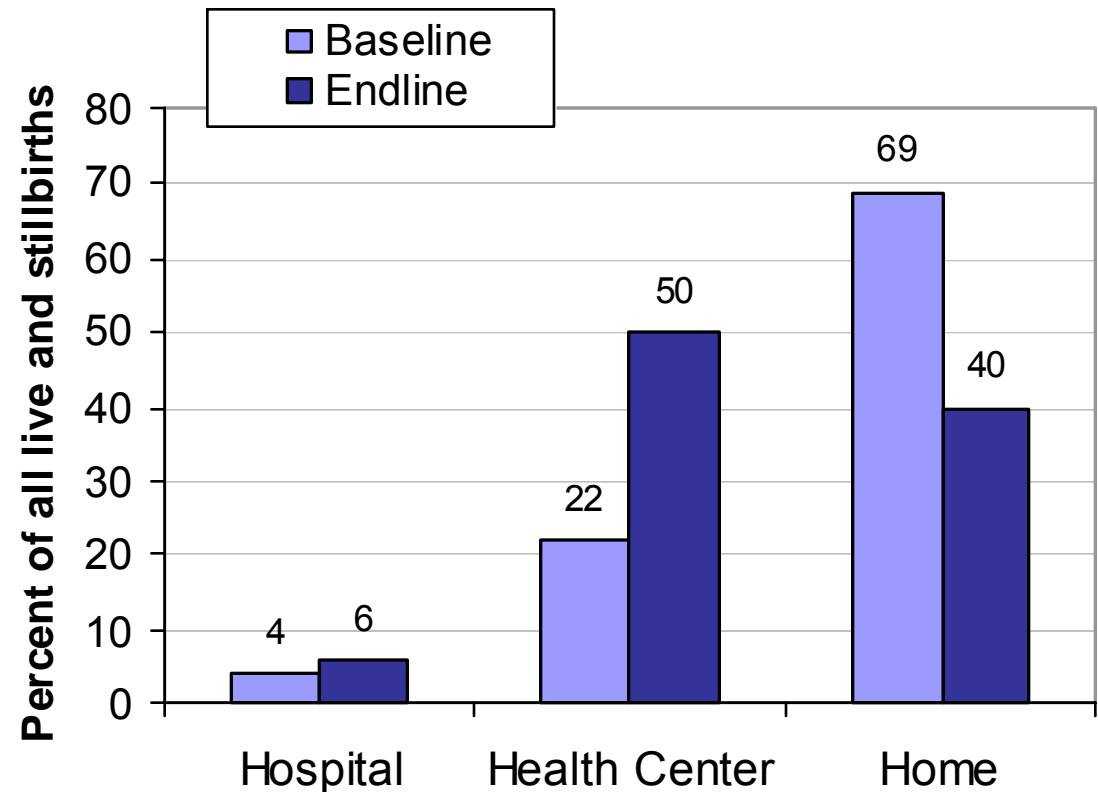
- Addressing gaps at lower-level health facilities, in addition to referral sites
 - Infrastructure upgrades
 - Equipment provision
- Focusing on routine care, as well as emergency functions
 - Provider training & supportive supervision



Guiding National Scale-Up Strategies: SCI Experience

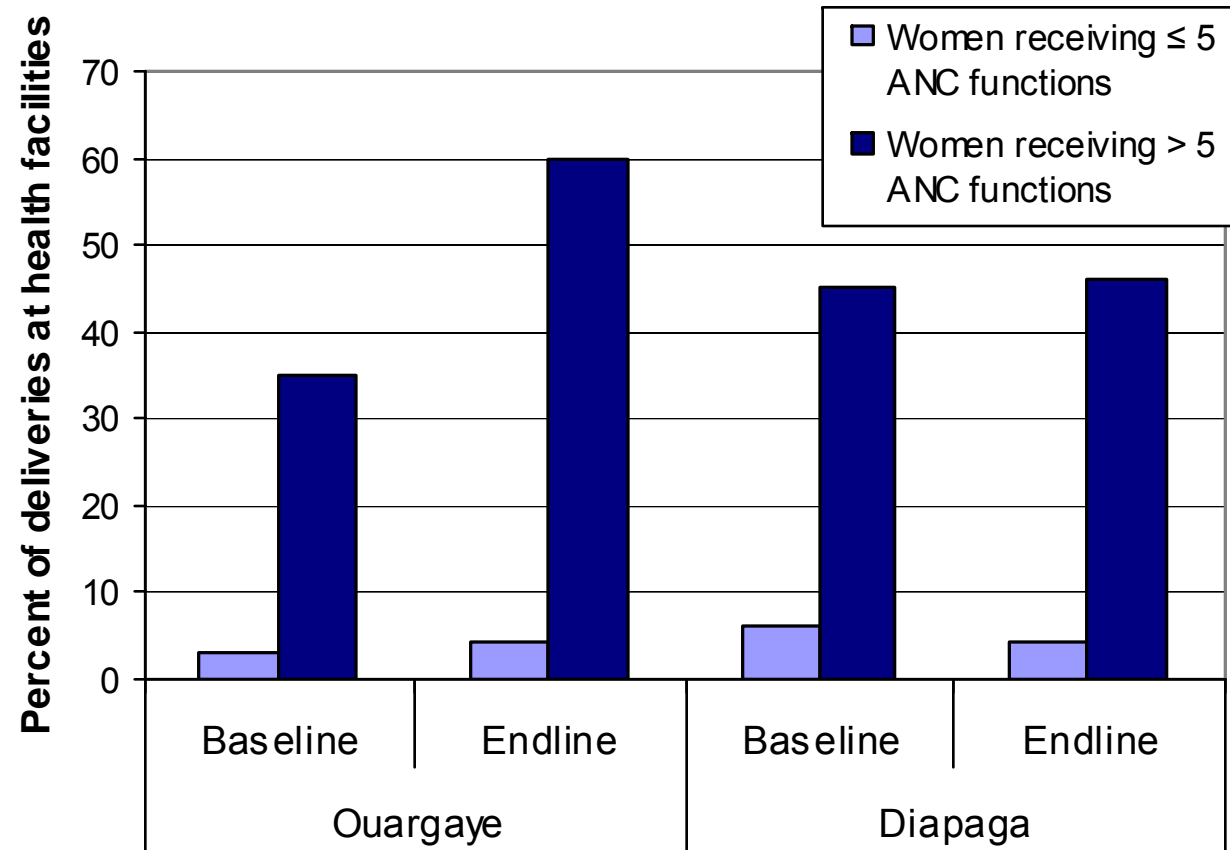
Changes in Place of Delivery, Ouargaye

Focusing on improvement of lower-level health facilities can lead to big increases in women's use of these sites



Guiding National Scale-Up Strategies: SCI Experience

Content of ANC visits is strong determinant of women's use of skilled care during delivery



Guiding National Scale-Up Strategies: SCI Experience

Effective behaviour change strategies include:

- Birth preparedness counselling
- Husband involvement
- Household discussion and planning

Awareness of risk signs not linked to use of services



Guiding National Scale-Up Strategies: SCI Experience

- SCI results disseminated to key stakeholders (national, regional and district and community levels)
- Variety of the training, reference, QOC, and BCC tools developed now available and in use elsewhere in Burkina Faso
- Elements of SCI intervention package integrated into health plans and budgets of other districts



Conclusion

- **The Skilled Care Initiative supports the national policy by bringing empirical evidence on the effectiveness of skilled care strategy.**
- **It offers evidence-based strategies and tools to support implementation of national policies**

